

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>10/1524284</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$
		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
		9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;">--</div>	
10 REASON:				
X	Overpayment			
	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		PHONE: _____		
OFFICE: _____		Adjustment Date: 05/26/2005 PKIDWELL		
		02/22/2005 SHAJARRO 00000043 500895 10524284		

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: